| t all three tests for Yes No No | a spouse or dependent child because they meet all three tests for | rearned" income, or liabilities of a e Committee on Ethics. | EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent clexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. |
|---|--|---|--|
| lave you excluded Yes No No | ther "excepted trusts" need not be disclosed. He | ommittee on Ethics and certain or dependent child? | TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? |
| QUESTIONS | I - ANSWER BOTH OF THESE QUESTIONS | RUST INFORMATION | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO |
| "COMPLETE | HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE | ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARE | ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE |
| \$5,000 from a Yes XNo | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | Yes No | D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? |
| arrangement with an Yes No No | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | Yes No | C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? |
| the reporting has Wes W No | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | Yes No | A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? |
| | TIONS | EH OF THESE QUES | PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS |
| A \$200 penalty shall be assessed against any individual who files more than 30 days late. | Period Covered: January 1 AND to Try for the state of the | Staff Filer Type (If Applicable): Shared Principal Assistant | New Officer or Employee Employing Office: |
| U.S. HÖÜSE ÖF REPRESENTATIVES (Office Use Only) (*********************************** | Check if Amendment | -2/3/11/16-201/11/16/18/19/19/19/19/19/19/19/19/19/19/19/19/19/ | New Member of or Candidate for State U.S. House of Representatives Distriction: Candidates - Date of Election: Candidates |
| 17 AUG 14 AM II: 07 | 10ne. , | Daytime Telephone. | Name: RECINALO L. THIMAS |
| LEGISLATIVE RESOURCE CENTER | FORM B For New Members, Candidates, and New Employees | | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT |
| _ | | | |

SCHEDULE A **ASSETS & "UNEARNED INCOME"**

| מבר און אמטרוט | SOLL VI VOOL O & CHLYNALD HACCHIL | Name: RECINALD | NALD L. HOMAS Page 2 of 6 |
|--|--|--|--|
| BLOCK A | вгоск в | BLOCK C | BLOCK D |
| and/or Income Sources | Value of Asset | Type of Income | Amount of Income |
| ach asset held for investment or Indicate value of asset at income and with a fair market value use a valuation method of the reporting period, specify the method used or reportable asset or source of income if an asset was sold of bot more than \$200 in "unearned" included only because it the year. | ach asset held for investment or Indicate value of asset at close of the reporting period. If you Check all columns that apply. For accounts For assets for which you checked "Tax-Deferred" in Blincome and with a fair market value use a valuation method other than fair market value, please that generate tax-deferred income (such as assets indicate the category of income by checking 401(k), IRA, or 529 accounts), you may oheck capital gains, even if reinvested, must be disclose reportable asset or source of income if an asset was sold during the reporting period and is interest, and capital gains, even if included only because it generated income, the value should interest, and capital gains, even if chivested income was earned or generated. The very service of income included only because it generated income, the value should be "None." The year. The deferred in Bit count is that apply. For accounts for assets for which you checked "Tax-Deferred" in Bit count is generated in Bit count in Bit and the category of income by checking 401(k), IRA, or 529 accounts), you may oheck capital gains, even if reinvested, must be disclosed as income included only because it generated income, the value should be "None." The year. The provided on the reporting period of the reporting period and is interest, and capital gains, even if reinvested, must be disclosed as income to counts. Check the year. The providence of the reporting period in the reporting period and is interest, and capital gains, even if reinvested, must be disclosed as income to counts. Check the year. | Check all columns that apply. For accounts that generate tax-deferred income (such as that generate tax-deferred income (such as that generate tax-deferred column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check | column. For all objects the which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other income and with a fair market value use a valuation method other than fair market value, please that generate tax-deferred income (such as assets indicate the category of income by checking the appropriate box below. Dividends, interest, and 401(k), IRA, or 529 accounts), yourney check capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Buildends, the "Tax-Deferred" in Block C, you may check the "None" in Block C, you may check the "None" of income the appropriate box below. Dividends, interest, and 401(k), IRA, or 529 accounts), yourney check capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was samed or generated. The investment of Indicate value of asset at dose of the reporting period, if you check the "None" in income the appropriate box below. Dividends, interest, and 401(k), IRA, or 529 accounts), yourney check the category of income by checking the appropriate box below. Dividends, interest, and 401(k), IRA, or 529 accounts, Dividends, Yourney check the "None" if no income was samed or generated. The invested must be disclosed as income. Column XII is for assets held by your spouse or dependent child in which you have no interest. The invested must be disclosed as income. The value should be counts. Check "None" if no income was earned or generated. The invested must be disclosed as income. The value of the appropriate box below. Dividends, interest, and the period and is interest, and accounts. The period accounts in the value of the period accounts. The period accounts in the value of the period accounts. The period accounts in the value of the period accounts in the value of the period accounts. The period accounts in the period accounts in the value of the period accounts in the value of the period accounts. The period accounts in the value of the perio |

| | 2 | 2830 Unnierma hanta | 119 Mahon he lax Ky | (BAPLEY TO STOR) | ABC Hedge Fund X | Examples: | SP, Elf OC, Mega Corp Stock | For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting peniod); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. | Provide complete names of stocks and mutual funds (do not use only ticker symbols). | Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. | Assets and/or Income Sources | BLOCK A |
|----|----|---------------------|---------------------|------------------|-----------------------|------------|--------------------------------|---|--|---|--|------------------------------|---------|
| Х | >< | | | × | | Indefinite | × | None ≫ \$1.51,000 ∞ \$1,001-\$15,000 ○ \$15,001-\$50-000 ∞ \$50,001-\$100,000 m | | *Column M is for assets held by your spouse or dependent child in which you have no interest. | Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." | Va | |
| | | × | × | | × | | | \$100,001-\$250,000 | | ts held by your s no interest. | at close of the red other than fair of other than fair od. d. during the report of th | Value of Asset | BLOCK B |
| | | | | | | | | \$1,000,001-\$5,000,000 — \$5,000,001-\$25,000,000 | _ | spouse or depen | market value, ple market value, ple orting period ar orne, the value sh | * | |
| | | | | ≯ | | | × | Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS | | | | | |
| | × | <i>ۍ</i> | × | | | | | RENT INTEREST CAPITAL GAINS | _ | "None" if the asset gene during the reporting period. | columns that a columns that a rate tax-deferre A, or 529 accoud Deferred columns and capital d, must be dis held in taxable. | Type of Income | BLOCK C |
| × | | | | | Partnership Income | Royalties | | TAX-DEFERRED Other Type of Income (Specify, e.g., Partnership Income or Farm Income) | | "None" if the asset generated no income during the reporting period. | Check all columns that apply, For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check | come | C |
| 攵 | | | | × | nership Income | llies. | | None — | ╀ | ome | | | |
| | × | | ſ | | | | × | \$1-\$200 = | 1 | | For assets i assets i capital Check " | | |
| | | | | | | | | \$201-\$1,000 = | 1 | | None indicate | | |
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| | | | | | | × | | \$2,501-\$5,000 < 🖺 | ? | | ets for which you checked "Tax-Deferred" in Bindicate the category of income by checking gains, even if reinvested, must be disclos 'None' if no income was earned or generated. None' if no income was our spouse or depu | | |
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| | | | × | | | | | \$2,501-\$5,000 | ŧ I | | iecke ry of rwes: was | | |
| | | 7 | | | | | | \$50,001-\$100,000 \(\begin{array}{c} \begin{array} \begin{array}{c} \begin{array}{c} \begin{array}{c} | | | incc incc led, earr | | |
| | | | | | | | | \$100,001-\$1,000,000 😾 | I | | ax-D mus ned c | | |
| | | | | | | | | \$1,000,001-\$5,000,000 × | I | | heferi byci tbee vrgei | ¥ | |
| | | | | | | | | Over \$5,000,000 \succeq | I | | red" i hecki disc herat | Õ | _ |
| | | | | | | | | Spouse/DC Income over \$1,000,000⁴ ≚ | ┚ | | n Bic ed. | ÷ | BLOCK D |
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| X | × | | | | | | | \$1-\$200 = | | | t chill | Amount of Income | - |
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| × | | X | × | | × | × | × | \$1,001-\$2,500 | | | ay check the "None te box below. Div e for assets held which you have no | J | |
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| × | | × | × | | × | × | × | \$2,501-\$5,000 < \$5,001-\$15,000 | | | y check the "None" column te box below. Dividends, e for assets held in taxak which you have no interest | | |
| × | | × | × | | × | × | × | \$2,501-\$5,000 < cc \$5,001-\$15,000 | | | For assets for which you checked "Tax-Deferred" in Block C. you may check the "None" column. Fo assets indicate the category of income by checking the appropriate box below. Dividends, intercapital gains, even if reinvested, must be disclosed as income for assets held in taxable a Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest. | | |
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| | | | | | | | | | | | | 1/AL)C | mer) (Co | ASSET NAME | | | BLOCK A Assets and/or Income Sources |
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| | | | | | | | | | | | | X | | | \$250,001-\$500,000 ග | | BLOCK B |
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| | | | | | | | | | | | | | | | \$1,000,001-\$5,000,000 — | | 9 |
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| | | | L | | | | | | | | | _ | ļ.,, | | Spouse/DC Asset over \$1,000,000* | | |
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| | | | | | | | | | | | | | ļ | | DIVIDENDS | | |
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| | | | | | | | | | | | | | <u>.</u> | | CAPITAL GAINS | | BLOCK C |
| | | | | | | | | | | | | | | | EXCEPTED/BLIND TRUST | | BLOCK C |
| | | | | | | | | | | | | × | 54 | | TAX-DEFERRED |] | 1 6 |
| | | - | | | | | | | | | | | | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | |
| | | | | | | | | | | | | | X | | None — | | |
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| | | | | | | | | | | | ļ | | | | \$201-\$1,000 = | | |
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| | | | | | | | | | | | | | | | Spouse/DC Income over \$1,000,000* |] } | BLOCK D |
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| | | | | L. | <u> </u> | | | | | | _ | ļ | | | \$2,501-\$5,000 < 00 | | |
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Name: RECINALY L. THOMAS

Page 3 of 6

SCHEDULE C - EARNED INCOME

| | Name: REC-INALD | |
|---|-----------------|--|
| | L. THOMAS | |
| | Page 4 of 6 | |
| i | I | |

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for

| | - | Am | Amount |
|---|-----------------------------|------------------------|---|
| Source (include date of receipt for nonorana) | Туре | Current Year to Filing | Preceding Year |
| ABC Trade Association, Baltimore, MD (July 15) State of Manyand | Honorarium | \$20,000 | \$500 |
| EXAMPLES: Civil War Roundtable (Oct. 2) Ontario County Board of Education | Spouse Speech Spouse Salary | \$0 | \$1,000 N/A |
| KRNIWKT STATE UNIVERSITY | Scher | #44.000 | 860.00 |
| | Legalative Usley | (2) (W) \ \ | MI, OUC |
| | Income from feer | 014,000,- | 5 |
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SCHEDULE D - LIABILITIES

| Name: REGINALIO L. DEDIVA | |
|---------------------------|--|
| Page 5 of 0 | |

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

| | | | SP. DC, JT | | |
|---------------|-----------------------------|--|--|----|---------------------|
| La. M | Umney | Example | | | |
| Methite / | it of Kantrule FCU | First Bank of Wilmington, DE | Creditor | | |
| 177 | 4/0% | 5/98 | Date Liability Incurred MO/YR | | |
| Machined Just | Mortice on Idna, Ball Brown | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| X | | | \$10,001- \$15,000 | > | |
| | | | \$15,001- \$50,000 | σ. | |
| | | | \$50,001- \$100,000 | n | |
| | | × | \$100,001- \$250,000 | D | |
| | X | | \$250,001- \$500,000 | m | moun |
| | | | \$500,001- \$1,000,000 | 71 | Amount of Liability |
| | | | \$1,000,001- \$5,000,000 | G | ability |
| | | | \$5,000,001- \$25,000,000 | Ŧ | |
| | | | \$25,000,001- \$50,000,000 | - | |
| | | | Over \$50,000,000 | ۲ | |
| | | | Over \$1,000,000* (Spouse/DC Liability) | * | |

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years

| | • | 1 Ofregion | Carrierate Curned | Position |
|--|---|----------------------------------|--|----------------------|
| | | THE PLANTURY Leavisting Kanhales | TAUKSUN ENTERPRISES CRIMP LLC (KITCH) | Name of Organization |

SCHEDULE F - AGREEMENTS

Name: RECINALD L. THOMAS Page_ 잌

| Date | Identify the da continuation or employer. |
|----------------------|--|
| Parties to Agreement | Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in a employer. |
| Terms of Agreement | ve with respect to: future employment; a leave of absence during the period of government service; emment; or continuing participation in an employee welfare or benefit plan maintained by a former |

| Date | Parties to Agreement | Terms of Agreement |
|------|----------------------|--------------------|
| | NONE | |
| | | |
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| | | |
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| Source (Name and City/State) | Brief Description of Duties |
|--|-----------------------------|
| Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| JACKON EMPERPRISES GRIME, LIC | Legal Servicen |
| | |
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FILER NOTES (Optional)

NOTE NUMBER NOTES Name: Page_ <u>Q</u>

Use additional sheets if more space is required.